



CANNON BUILDING  
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STATE OF DELAWARE  
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

BOARD OF VETERINARY MEDICINE

## AFFIDAVIT OF EXPERIENCE FOR VETERINARY TECHNICIAN

(This form is to be completed by the Licensed Veterinarian and must be notarized.  
Please list time worked in hours only.)

I, \_\_\_\_\_, license number \_\_\_\_\_, a  
(Print name)

licensed veterinarian in the State of \_\_\_\_\_, being duly sworn, certify that

\_\_\_\_\_ has worked under my supervision for a total of  
(Print name of applicant)

\_\_\_\_\_ hours, from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date).

Signature of Licensed Veterinarian serving in the supervisory capacity. **Out-of-state supervising veterinarian must submit a copy of their current license.**

Practice Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street

Phone (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### Notary:

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Public (seal)

***Note: If needed this page may be duplicated.***